AN 2003589268 IN-PROCESS
DN PubMed ID: 14671407
TI Final height data, body composition and glucose metabolism in growth hormone-treated short children born small for gestational age.
AU Hokken-Koelega A C S; van Pareren Y; Sas T; Arends N
CS Division of Endocrinology, Department of Pediatrics, Erasmus University Medical Center, Sophia Children's Hospital, Rotterdam, The Netherlands.. a.hokken@erasmusmc.nl
SO Hormone research, (2003) 60 Suppl 3 113-4. Journal code: 0366126. ISSN: 0301-0163.
CY Switzerland
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS IN-PROCESS; NONINDEXED; Priority Journals
ED Entered STN: 20031216
Last Updated on STN: 20040107

L8 ANSWER 2 OF 29 MEDLINE on STN
AN 2002713618 MEDLINE
DN PubMed ID: 12475373
TI Adult growth hormone treatment reduces hypertension and obesity induced by an adverse prenatal environment.
AU Vickers M H; Ikenasio B A; Breier B H
CS The Liggins Institute for Medical Research, Faculty of Medical and Health Sciences, University of Auckland, Private Bag 92019, Auckland, New Zealand.. m.vickers@auckland.ac.nz
SO Journal of endocrinology, (2002 Dec) 175 (3) 615-23. Journal code: 0375363. ISSN: 0022-0795.
CY England: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200301
ED Entered STN: 20021217
Last Updated on STN: 20030125
Entered Medline: 20030124

L8 ANSWER 3 OF 29 MEDLINE on STN
AN 2002229506 MEDLINE
DN PubMed ID: 11966735
TI Effects of GH replacement on 24-h ambulatory blood pressure and its circadian rhythm in adult GH deficiency.
AU Ahmad Aftab M; Hopkins Marion T; Weston Philip J; Fraser William D; Vora Jiten P
CS Department of Diabetes & Endocrinology, Royal Liverpool University Hospital, Prescot Street, Liverpool L7 8XP, UK.. DRAAHMAD@Yahoo.com
SO Clinical endocrinology, (2002 Apr) 56 (4) 431-7. Journal code: 0346653. ISSN: 0300-0664.
CY England: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200207
ED Entered STN: 20020423
Last Updated on STN: 20020713
Entered Medline: 20020711

L8 ANSWER 4 OF 29 MEDLINE on STN
AN 2001560816 MEDLINE
DN PubMed ID: 11607802
TI Integrated effects of the vasodilating beta-blocker nebivolol on exercise performance, energy metabolism, cardiovascular and neurohormonal parameters in physically active patients with arterial hypertension.
AU Predel H G; Mainka W; Schillings W; Knigge H; Montiel J; Fallois J; Agrawal R; Schramm T; Graf C; Giannetti B M; Bjarnason-Wehrens B; Prinz U; Rost R E
CS Institute of Cardiology and Sports Medicine, German Sports University, Cologne, Germany.. Predel@hrz.dshs_koeln.de
SO Journal of human hypertension, (2001 Oct) 15 (10) 715-21. Journal code: 8811625. ISSN: 0950-9240.
CY England: United Kingdom
DT (CLINICAL TRIAL) Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200112
ED Entered STN: 20011022
Last Updated on STN: 20020122
Entered Medline: 20011204

L8 ANSWER 5 OF 29 MEDLINE on STN
AN 2000183559 MEDLINE
DN PubMed ID: 10718836
TI The influence of renal and cardiovascular abnormalities on blood pressure in Turner syndrome.
AU Nathwani N C; Unwin R; Brook C G; Hindmarsh P C
CS The London Centre for Paediatric Endocrinology, University College London, UK.. n.nathwani@ucl.ac.uk
SO Clinical endocrinology, (2000 Mar) 52 (3) 371-7. Journal code: 0346653. ISSN: 0300-0664.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200005
ED Entered STN: 20000525
Last Updated on STN: 20000525
Entered Medline: 20000515

L8 ANSWER 6 OF 29 MEDLINE on STN
AN 2000183558 MEDLINE
DN PubMed ID: 10718835
TI Blood pressure and Turner syndrome.
AU Nathwani N C; Unwin R; Brook C G; Hindmarsh P C
CS The London Centre for Paediatric Endocrinology, University College London, London, UK.. n.nathwani@ucl.ac.uk
SO Clinical endocrinology, (2000 Mar) 52 (3) 363-70. Journal code: 0346653. ISSN: 0300-0664.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200005
ED Entered STN: 20000525
Last Updated on STN: 20000525
Entered Medline: 20000515

L8 ANSWER 7 OF 29 MEDLINE on STN
AN 1999447787 MEDLINE
DN PubMed ID: 10518081
TI The effects of long-term growth hormone treatment on cardiac left ventricular dimensions and blood

pressure in girls with Turner's syndrome. Dutch Working Group on Growth Hormone.
AU Sas T C; Cromme-Dijkhuis A H; de Muinck Keizer-Schrama S M; Stijnen T; van Teunenbroek A; Drop S L
CS Department of Pediatrics, Division of Endocrinology, Sophia Children's Hospital, Rotterdam, The Netherlands.
SO Journal of pediatrics, (1999 Oct) 135 (4) 470-6. Journal code: 0375410. ISSN: 0022-3476.
CY United States
DT (CLINICAL TRIAL) Journal; Article; (JOURNAL ARTICLE) (MULTICENTER STUDY) (RANDOMIZED CONTROLLED TRIAL)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199911
ED Entered STN: 20000111 Last Updated on STN: 20000111 Entered Medline: 19991104

L8 ANSWER 8 OF 29 MEDLINE on STN
AN 1999116784 MEDLINE
DN PubMed ID: 9920056
TI Effects of 1-year treatment with octreotide on cardiac performance in patients with acromegaly.
AU Colao A; Cuocolo A; Marzullo P; Nicolai E; Ferone D; Florimonte L; Salvatore M; Lombardi G
CS Department of Molecular and Clinical Endocrinology and Oncology, Federico II University of Naples, Italy.. rpivone@tin.it
SO Journal of clinical endocrinology and metabolism, (1999 Jan) 84 (1) 17-23. Journal code: 0375362. ISSN: 0021-972X.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199902
ED Entered STN: 19990216 Last Updated on STN: 19990216 Entered Medline: 19990203

L8 ANSWER 9 OF 29 MEDLINE on STN
AN 1998114023 MEDLINE
DN PubMed ID: 9453278
TI Childhood cancer and later development of the metabolic syndrome.
AU Talvensaari K; Knip M
SO Annals of medicine, (1997 Oct) 29 (5) 353-5. Journal code: 8906388. ISSN: 0785-3890.
CY ENGLAND: United Kingdom
DT Editorial
LA English
FS Priority Journals
EM 199803
ED Entered STN: 19980407 Last Updated on STN: 19980407 Entered Medline: 19980320

L8 ANSWER 10 OF 29 MEDLINE on STN
AN 93208904 MEDLINE
DN PubMed ID: 8458096
TI Blood pressure and the renin-angiotensin-aldosterone system in children receiving recombinant human growth hormone.
AU Barton J S; Hindmarsh P C; Preece M A; Brook C G
CS International Growth Research Centre, Institute of Child Health, London, UK.
SO Clinical endocrinology, (1993 Mar) 38 (3) 245-51. Journal code: 0346653. ISSN: 0300-0664.
CY ENGLAND: United Kingdom
DT (CLINICAL TRIAL) Journal; Article; (JOURNAL ARTICLE) (RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 199304
ED Entered STN: 19930514 Last Updated on STN: 19930514 Entered Medline: 19930429

L8 ANSWER 11 OF 29 MEDLINE on STN
AN 90331406 MEDLINE
DN PubMed ID: 2198380
TI Acromegaly and hypertension: prevalence and relationship to the renin-angiotensin-aldosterone system.
AU Kraatz C; Benker G; Weber F; Ludecke D; Hirche H; Reinwein D
CS Abteilung fur klinische Endokrinologie, Universitat Essen.
SO Klinische Wochenschrift, (1990 Jun 19) 68 (12) 583-7. Journal code: 2985205R. ISSN: 0023-2173.
CY GERMANY, WEST: Germany, Federal Republic of
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199009
ED Entered STN: 19901012 Last Updated on STN: 19901012 Entered Medline: 19900905

L8 ANSWER 12 OF 29 MEDLINE on STN
AN 90000983 MEDLINE
DN PubMed ID: 2528980
TI Subclinical cardiac dysfunction in acromegaly: evidence for a specific disease of heart muscle.
CM Comment in: Br Heart J. 1990 Jul;64(1):106. PubMed ID: 2390394
AU Rodrigues E A; Caruana M P; Lahiri A; Nabarro J D; Jacobs H S; Raftery E B
CS Department of Cardiology, Northwick Park Hospital, Harrow.
SO British heart journal, (1989 Sep) 62 (3) 185-94. Journal code: 0370634. ISSN: 0007-0769.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 198911
ED Entered STN: 19900328 Last Updated on STN: 20000303 Entered Medline: 19891107

L8 ANSWER 13 OF 29 MEDLINE on STN
AN 89142488 MEDLINE
DN PubMed ID: 2465437
TI Antihypertensive therapy with ketanserin: metabolic and hemodynamic effects.
AU Levinson P D; Zimlichman R; Goldstein D S; Keiser H R
CS Hypertension-Endocrine Branch, National Heart, Lung, and Blood Institute, Bethesda, Maryland.
SO Journal of cardiovascular pharmacology, (1988 Oct) 12 (4) 384-9. Journal code: 7902492. ISSN: 0160-2446.
CY United States
DT (CLINICAL TRIAL) Journal; Article; (JOURNAL ARTICLE) (RANDOMIZED CONTROLLED TRIAL)

LA English
FS Priority Journals
EM 198904
ED Entered STN: 19900306
Last Updated on STN: 19960129
Entered Medline: 19890405

L8 ANSWER 14 OF 29 MEDLINE on STN
AN 82280761 MEDLINE
DN PubMed ID: 7051762
TI Effect of metoprolol and alprenolol on the metabolic, hormonal, and haemodynamic response to insulin-induced hypoglycaemia in hypertensive,
insulin-dependent diabetics.
AU Ostman J; Arner P; Haglund K; Juhlin-Dannfelt A; Nowak J; Wennlund A
SO Acta medica Scandinavica, (1982) 211 (5) 381-5.
Journal code: 0370330. ISSN: 0001-6101.
CY Sweden
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 198210
ED Entered STN: 19900317
Last Updated on STN: 19970203
Entered Medline: 19821012

L8 ANSWER 15 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 2004100818 EMBASE
TI Systemic Complications of Acromegaly: Epidemiology, Pathogenesis, and
Management.
AU Colao A.; Ferone D.; Marzullo P.; Lombardi G.
CS Dr. A. Colao, Dept. Molec. Clin. Endocrinol. O., Federico II University,
via S. Pansini 5, 80131 Napoli, Italy. colao@unina.it
SO Endocrine Reviews, (2004) 25/1 (102-152).
Refs: 473
ISSN: 0163-769X CODEN: ERVIDP
CY United States
DT Journal; General Review
FS 003 Endocrinology
006 Internal Medicine
018 Cardiovascular Diseases and Cardiovascular Surgery
037 Drug Literature Index
048 Gastroenterology
LA English
SL English

L8 ANSWER 16 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 2003159559 EMBASE
TI Noninvasive assessment of arterial stiffness and risk of atherosclerotic
events.
AU Oliver J.J.; Webb D.J.
CS J.J. Oliver, Clin. Pharmacol. U. and Res. Center, University of Edinburgh,
Western General Hospital, Crewe Road South, Edinburgh EH4 2XU, United
Kingdom. James.Oliver@ed.ac.uk
SO Arteriosclerosis, Thrombosis, and Vascular Biology, (1 Apr 2003) 23/4
(554-566).
Refs: 168
ISSN: 1079-5642 CODEN: ATVBFA
CY United States
DT Journal; General Review
FS 018 Cardiovascular Diseases and Cardiovascular Surgery
027 Biophysics, Bioengineering and Medical Instrumentation
037 Drug Literature Index
LA English
SL English

L8 ANSWER 17 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 2003066465 EMBASE
TI Effects of long-term growth hormone treatment
on body composition, carbohydrate metabolism, blood pressure and lipids in
short children born small for gestational age.
AU Hokken-Koelega A.C.S.; Sas T.; Van Pareren Y.
CS A.C.S. Hokken-Koelega, Sophia Children's Hospital, Department of
Paediatrics, Erasmus University Medical Centre, Rotterdam, Netherlands
SO Hormone Research, (2003) 59/SUPPL. 1 (138).
ISSN: 0301-0163 CODEN: HRMRA3
CY Switzerland
DT Journal; Conference Article
FS 003 Endocrinology
006 Internal Medicine
021 Developmental Biology and Teratology
030 Pharmacology
037 Drug Literature Index
LA English

L8 ANSWER 18 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 2001129117 EMBASE
TI [Amlodipine in study program on physical activity and on risk reduction in
treated hypertensives (SPORT-H) - Hemodynamic, metabolic and hormonal
effects in physically active patients with arterial hypertension
].
AMLODIPIN IM STUDY PROGRAM ON PHYSICAL ACTIVITY AND ON RISK REDUCTION IN
TREATED HYPERTENSIVES (SPORT-H) - HAMODYNAMISCHE, METABOLISCHE UND
HORMONALE EFFEKTE BEI KORPERLICH AKTIVEN PATIENTEN MIT ARTERIELLER
HYPERTONIE.
AU Schramm Th.; Rost R.E.; Predel H.G.
CS Th. Schramm, Lehrstuhl Innere Med. II Univ. Koln, Krankenhaus Merheim,
D-51058 Koln, Germany. schrammt@smail.uni-koeln.de
SO Journal fur Hypertonie, (2001) 5/1 (23-28).
Refs: 20
ISSN: 1028-2327 CODEN: JHYPFE
CY Austria
DT Journal; Article
FS 018 Cardiovascular Diseases and Cardiovascular Surgery
037 Drug Literature Index
LA German
SL English; German

L8 ANSWER 19 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 1999378991 EMBASE
TI Clinical potential of growth hormone in the
treatment of congestive heart failure.

AU Isgaard J.; Bergh C.-H.
CS Dr. J. Isgaard, Res. Endocrinology/Metabolism Center, Sahlgrenska University Hospital, Grona Strake 8, SE-413 45 Goteborg, Sweden. jorgen.isgaard@ss.gu.se
SO BioDrugs, (1999) 12/4 (245-250).
Refs: 48
ISSN: 1173-8804 CODEN: BIDRF4
CY New Zealand
DT Journal; General Review
FS 003 Endocrinology
018 Cardiovascular Diseases and Cardiovascular Surgery
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English

L8 ANSWER 20 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 1998196289 EMBASE
TI Effect of octreotide on 24-h blood pressure profile in acromegaly.
AU Fallo F.; Barzon L.; Boscaro M.; Casiglia E.; Sonino N.
CS Dr. F. Fallo, Division of Endocrinology, University of Padova, Via Ospedale 105, 35128 Padova, Italy
SO American Journal of Hypertension, (1998) 11/5 (591-596).
Refs: 32
ISSN: 0895-7061 CODEN: AJHYE6
PUI S 0895-7061(98)00029-6
CY United States
DT Journal; Article
FS 003 Endocrinology
006 Internal Medicine
018 Cardiovascular Diseases and Cardiovascular Surgery
030 Pharmacology
037 Drug Literature Index
LA English
SL English

L8 ANSWER 21 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 97377956 EMBASE
DN 1997377956
TI Childhood cancer and later development of the metabolic syndrome.
AU Talvensaari K.; Knip M.
CS Dr. M. Knip, Medical School, University of Tampere, PO Box 607, FIN-33101,
Tampere, Finland. llmikn@uta.fi
SO Annals of Medicine, (1997) 29/5 (353-355).
Refs: 10
ISSN: 0785-3890 CODEN: ANMDEU
CY United Kingdom
DT Journal; (Short Survey)
FS 007 Pediatrics and Pediatric Surgery
016 Cancer
LA English
SL English

L8 ANSWER 22 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 97301134 EMBASE
DN 1997301134
TI Effect of octreotide pretreatment on surgical outcome in acromegaly.
AU Colao A.; Ferone D.; Cappabianca P.; De Caro M.L.D.B.; Marzullo P.;
Monticelli A.; Alfieri A.; Merola B.; Cali A.; De Divitiis E.; Lombardi G.
CS Dr. A. Colao, DMCEO, Federico II University, Via A. Manzoni 150, 80123
Naples, Italy
SO Journal of Clinical Endocrinology and Metabolism, (1997) 82/10 (3308-3314).
Refs: 21
ISSN: 0021-972X CODEN: JCEMAZ
CY United States
DT Journal; Article
FS 003 Endocrinology
037 Drug Literature Index
LA English
SL English

L8 ANSWER 23 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 94127951 EMBASE
DN 1994127951
TI ACE inhibition and physical exercise: Studies on physical work capacity,
energy metabolism, and maximum oxygen uptake in well-trained, healthy
subjects.
AU Predel H.-G.; Rohden C.; Heine G.; Prinz U.; Rost R.E.
CS Inst. of Cardiology/Sport Medicine, German Sport University,Cologne,
Germany
SO Journal of Cardiovascular Pharmacology, (1994) 23/SUPPL. 1 (S25-S28).
ISSN: 0160-2446 CODEN: JCPCDT
CY United States
DT Journal; Conference Article
FS 006 Internal Medicine
018 Cardiovascular Diseases and Cardiovascular Surgery
029 Clinical Biochemistry
030 Pharmacology
037 Drug Literature Index
LA English
SL English

L8 ANSWER 24 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 93205893 EMBASE
DN 1993205893
TI Long-term echocardiographic follow-up of acromegalic heart disease.
AU Hradec J.; Marek J.; Kral J.; Janota T.; Poloniecki J.; Malik M.
CS Department of Cardiological Sciences, St. George's Hospital Medical
School, Cranmer Terrace,London SW17 0RE, United Kingdom
SO American Journal of Cardiology, (1993) 72/2 (205-210).
ISSN: 0002-9149 CODEN: AJCDAG
CY United States
DT Journal; Article
FS 003 Endocrinology
006 Internal Medicine
018 Cardiovascular Diseases and Cardiovascular Surgery
037 Drug Literature Index
LA English
SL English

L8 ANSWER 25 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 88001928 EMBASE
DN 1988001928
TI Adrenergic system and carbohydrate metabolism. Effects of beta-receptor

blockade on insulin secretion and peripheral insulin sensitivity in normoglycaemic patients.
AU Ferrara L.A.; Capaldo B.; Rivellese A.; Genovese S.; Iovine C.; Mastranzo
P.; Cirillo F.; Mancini M.
CS Institute of Internal Medicine and Metabolic Disease, Clinica Medica,
University of Naples, I-80131 Naples, Italy
SO European Journal of Clinical Pharmacology, (1987) 33/3 (273-277).
ISSN: 0031-6970 CODEN: EJCPAS
CY Germany
DT Journal
FS 003 Endocrinology
006 Internal Medicine
018 Cardiovascular Diseases and Cardiovascular Surgery
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English

L8 ANSWER 26 OF 29 EMBASE COPYRIGHT 2004 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 85193183 EMBASE
DN 1985193183
TI Anti-opiate (naloxone) suppression of Cushingoid degenerative changes in
obese/SHR.
AU Wexler B.C.; McMurtry J.P.
CS May Institute for Medical Research of the Jewish Hospital, Cincinnati, OH,
United States
SO International Journal of Obesity, (1985) 9/2 (77-91).
CODEN: IJOBDP
CY United Kingdom
DT Journal
FS 037 Drug Literature Index
030 Pharmacology
008 Neurology and Neurosurgery
003 Endocrinology
LA English

L8 ANSWER 27 OF 29 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 2003:343794 BIOSIS
DN PREV200300343794
TI The effects of depot long-acting somatostatin analog on central aortic
pressure and arterial stiffness in acromegaly.
AU Smith, J. C. [Reprint Author]; Lane, H.; Davies, N.; Evans, L. M.; Cockcroft, J.; Scanlon, M. F.; Davies, J. S.
CS Department of Diabetes and Endocrinology, Bristol Royal Infirmary, Old
Building, Bristol, BS2 8HW, UK
jamie.smith@virgin.net
SO Journal of Clinical Endocrinology & Metabolism, (June 2003) Vol. 88, No.
6, pp. 2556-2561. print.
ISSN: 0021-972X (ISSN print).
DT Article
LA English
ED Entered STN: 23 Jul 2003
Last Updated on STN: 23 Jul 2003

L8 ANSWER 28 OF 29 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1993:66189 BIOSIS
DN PREV199344031839
TI Effect of long-term growth hormone (GH)
treatment on blood pressure (BP) in children.
AU Ogle, G. D.; Rosenberg, A. R.; Kainer, G.
CS Dep. Nephrol., Prince Wales Children's Hosp., Randwick, Sydney, N.S.W.
2031, Australia
SO Pediatric Nephrology, (1992) Vol. 6, No. 5, pp. C191.
Meeting Info.: 9th Congress of the International Pediatric Nephrology
Association. Jerusalem, Israel. August 30-September 4, 1992.
ISSN: 0931-041X.
DT Conference; (Meeting)
LA English
ED Entered STN: 15 Jan 1993
Last Updated on STN: 17 Mar 1993

L8 ANSWER 29 OF 29 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AN 1985:329796 BIOSIS
DN PREV198579109792; BA79:109792
TI NIFEDIPINE DOES NOT IMPAIR THE HORMONAL RESPONSES TO GRADED EXERCISE IN
HEALTHY SUBJECTS.
AU JOFFE B I [Reprint author]; SHIRES R; LAMPREY J M; KALK W J; BOTHA A;
HAITAS B; SEFTEL H C
CS DEP OF MEDICINE, UNIVERSITY OF THE WITWATERSRAND MEDICAL SCHOOL, YORK RD,
PARKTOWN 2139, JOHANNESBURG, SOUTH AFRICA
SO Hormone Research (Basel), (1985) Vol. 21, No. 2, pp. 88-94.
CODEN: HRMRA3. ISSN: 0301-0163.
DT Article
FS BA
LA ENGLISH

=> d 28 abs

L8 ANSWER 28 OF 29 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

=> d 27 abs

L8 ANSWER 27 OF 29 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AB Acromegaly is associated with increased cardiovascular risk. Although
conventional risk factors such as glucose intolerance,
hypertension, and dyslipidemia probably contribute, there may also be direct effects of GH/IGF-I excess on the vasculature. To study the effects of GH excess on the vasculature, we have assessed arterial
stiffness in acromegalic subjects with and without active disease and have
investigated the effects of Sandostatin LAR (OCT-LAR) on vascular
function. Sixteen normotensive subjects with acromegaly (10 males and 6
females) and 8 healthy controls were studied. Of the acromegalic
subjects, eight had active disease (group A), and eight were cured (GH<2.5
mU/liter; group B). The three groups were age, sex, and blood pressure
matched. Group A subjects were restudied after 3 and 6 months of OCT-LAR
therapy. Arterial stiffness was assessed by analyzing central arterial
pressure waveforms derived from measured radial artery waveforms. This
allowed determination of the augmentation of central pressure and the
augmentation index. Lipids, glucose, and IGF-I were also measured.

Comparing the three groups (ANOVA; mean+-SD), the augmentation index was higher in group A (28+-12 vs. 12+-13%; P<0.01) but not in group B (22+-7 vs. 12+-13%; P=0.60), compared with controls. IGF-I was higher in group A (50.3+-21.2 nmol/liter; P<0.01), compared with group B (22.5+-8.9 nmol/liter) and controls (19.5+-5.3 nmol/liter). On regression analysis, IGF-I concentration was identified as a strong independent predictor of the augmentation index (beta=0.50; P=0.007). There were no significant differences in aortic systolic pressure, aortic diastolic pressure, lipids, or glucose. Compared with baseline, OCT-LAR treatment resulted in a lowering of augmentation index at 3 months (20+-15 vs. 28+-12%; P<0.05), but at 6 months (24+-16%; P=0.21) there was no significant change. IGF-I was reduced from 50.3+-21.2 nmol/liter at baseline to 31.4+-13.2 nmol/liter at 3 months (P<0.05) and 26.6+-15.8 nmol/liter at 6 months (P<0.05). In conclusion, acromegaly is associated with changes in the central arterial pressure waveform, suggesting large artery stiffening. This may have important implications for cardiac morphology and performance in acromegaly as well as increasing the susceptibility to atheromatous disease. Large artery stiffness is reduced in cured acromegaly and partially reversed after pharmacological treatment of active disease.

=> d 19 abs

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on STN
AB Substantial evidence supports a role for the growth hormone (GH)/insulin-like growth factor 1 (IGF-1) axis in regulation of normal cardiac growth, structure and function. Moreover, experimental data suggest beneficial effects of GH and IGF-1 on contractility and peripheral resistance in rats with impaired cardiac function. An increased Ca++ responsiveness is one possible underlying cause for the improvement in contractility, although effects of GH and IGF-1 on apoptosis may also play a more long term role for cardiomyocyte survival. Until recently, studies regarding GH treatment in heart failure were limited to case reports where administration dramatically improved cardiac function in a small non-blind study of 7 patients with idiopathic dilated cardiomyopathy and congestive heart failure (CHF) without GH deficiency who received treatment with recombinant GH (somatropin) for 3 months, considerable improvement of cardiac function was reported. More recent studies have demonstrated beneficial effects in patients with CHF due to both ischaemic and idiopathic dilated cardiomyopathy, with improvements in haemodynamics when somatropin was added both as a maintenance therapy and as a short term infusion. So far, 2 placebo-controlled studies with somatropin as adjunctive therapy in patients with CHF have been reported, although neither study could confirm previously reported improvement in systolic function and lowering of wall stress. In summary, it is clear that further placebo-controlled clinical trials are mandatory to verify positive effects and to monitor long term safety when somatropin is administered as an agent in the treatment of CHF.

=> d 10 abs

L8 ANSWER 10 OF 29 MEDLINE on STN
AB OBJECTIVE: We investigated the effect of growth hormone (GH) treatment on salt and water metabolism and the renin-angiotensin-aldosterone system in children with short stature. DESIGN: Randomized, controlled study. PATIENTS: Twenty-nine short, pre-pubertal children referred to two specialist growth clinics for further assessment. MEASUREMENTS: Serial measurements of blood pressure, body weight, plasma renin activity (PRA), aldosterone, electrolytes, insulin and insulin-like growth factor I (IGF-I) have been made following the initiation of GH treatment. RESULTS: A small and transient increase in systolic blood pressure was observed during the first week of GH treatment. The increase in blood pressure over baseline was -1.1 mmHg in controls compared to +11.5 and +3.0 mmHg in children receiving standard (20 units/m2/week) and high dose (40 units/m2/week) GH respectively (P = 0.004). Over the same time interval body weight also tended to increase with GH compared with controls. These changes were greater in those children receiving the lower dose of GH and were not significantly related to age or prior GH status. PRA did not change with GH treatment. Although plasma aldosterone concentration tended to increase with GH, maximal values did not differ from controls and all remained within our normal range. Plasma IgF-I levels were increased by a similar amount in both treatment groups (1.5 and 1.12 U/ml compared to 0.44 U/ml in controls at 4 months). No difference in plasma insulin concentration was noted after 7 days of GH. CONCLUSIONS: In contrast to adult subjects, treatment with high dose GH in childhood is not associated with activation of the renin-angiotensin-aldosterone system. Clinical signs consistent with transient salt and water retention are observed with GH therapy, however, suggesting either a direct effect of GH or of IGF-I on renal tubular function. Blood pressure, plasma renin activity and plasma aldosterone levels were not increased after more prolonged GH therapy. These data suggest that high dose GH therapy in childhood is unlikely to be associated with the increased risk of hypertension seen in adults with GH hypersecretion.

=> d 10 absd 7 abs
'ABSD' IS NOT A VALID FORMAT
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L8 ANSWER 10 OF 29 MEDLINE on STN
AB OBJECTIVE: We investigated the effect of growth hormone (GH) treatment on salt and water metabolism and the

renin-angiotensin-aldosterone system in children with short stature. DESIGN: Randomized, controlled study. PATIENTS: Twenty-nine short, pre-pubertal children referred to two specialist growth clinics for further assessment. MEASUREMENTS: Serial measurements of blood pressure, body weight, plasma renin activity (PRA), aldosterone, electrolytes, insulin and insulin-like growth factor I (IGF-I) have been made following the initiation of GH treatment. RESULTS: A small and transient increase in systolic blood pressure was observed during the first week of GH treatment. The increase in blood pressure over baseline was -1.1 mmHg in controls compared to +11.5 and +3.0 mmHg in children receiving standard (20 units/m2/week) and high dose (40 units/m2/week) GH respectively (P = 0.004). Over the same time interval body weight also tended to increase with GH compared with controls. These changes were greater in those children receiving the lower dose of GH and were not significantly related to age or prior GH status. PRA did not change with GH treatment. Although plasma aldosterone concentration tended to increase with GH, maximal values did not differ from controls and all remained within our normal range. Plasma IgF-I levels were increased by a similar amount in both treatment groups (1.5 and 1.12 U/ml compared to 0.44 U/ml in controls at 4 months). No difference in plasma insulin concentration was noted after 7 days of GH. CONCLUSIONS: In contrast to adult subjects, treatment with high dose GH in childhood is not associated with activation of the renin-angiotensin-aldosterone system. Clinical signs consistent with transient salt and water retention are observed with GH therapy, however, suggesting either a direct effect of GH or of IGF-I on renal tubular function. Blood pressure, plasma renin activity and plasma aldosterone levels were not increased after more prolonged GH therapy. These data suggest that high dose GH therapy in childhood is unlikely to be associated with the increased risk of hypertension seen in adults with GH hypersecretion.

L8 ANSWER 7 OF 29 MEDLINE on STN
AB OBJECTIVE: To assess the effects of long-term growth hormone (GH) treatment for short stature on left ventricular (LV) dimensions and systemic blood pressure (BP) in girls with Turner's syndrome without clinically relevant cardiac abnormalities. STUDY DESIGN: LV dimensions measured by echocardiography and systemic BP were assessed before and during 7 years of GH treatment in 68 girls with Turner's syndrome participating in a randomized dose-response study. These previously untreated girls, age 2 to 11 years, were randomly assigned to 1 of 3 GH dosage groups: group A, 4 IU/m(2)/d; group B, first year 4 IU/m(2)/d, thereafter 6 IU/m(2)/d; group C, first year 4 IU/m(2)/d, second year 6 IU/m(2)/d, thereafter 8 IU/m(2)/d. After the first 4 years, girls >/=12 years of age began receiving 17beta-estradiol, 5 microg/kg body weight per day, for induction of puberty. RESULTS: At baseline the LV dimensions of almost every girl were within the normal range, and the mean SD scores were close to zero. During 7 years of GH treatment , the growth of the left ventricle was comparable to that of healthy girls. No signs of LV hypertrophy were found. Before the start of GH treatment, mean BP was within the normal range but significantly higher than in healthy control subjects. Diastolic BP and systolic BP were above the 90th percentile in 23% and 28% of the girls, respectively. After 7 years of treatment, these percentages were 14% and 36%, respectively (not significantly different from baseline). The SD score of the diastolic BP showed a small decrease after 7 years of treatment. The growth of the left ventricle and the development of BP were not different between the GH dosage groups. CONCLUSIONS: Long-term GH treatment, even at dosages up to 8 IU/m(2)/d, does not result in LV hypertrophy or hypertension in girls with Turner's syndrome. Continued observation into adulthood is recommended to monitor the further development of the relatively high BP and to ensure that GH treatment has no long-term negative effect on the heart.

=> d 7

L8 ANSWER 7 OF 29 MEDLINE on STN
AN 1999447787 MEDLINE
DN PubMed ID: 10518081
TI The effects of long-term growth hormone treatment on cardiac left ventricular dimensions and blood pressure in girls with Turner's syndrome. Dutch Working Group on Growth Hormone.
AU Sas T C; Cromme-Dijkhuis A H; de Muinck Keizer-Schrama S M; Stijnen T; van Teunenbroek A; Drop S L
CS Department of Pediatrics, Division of Endocrinology, Sophia Children's Hospital, Rotterdam, The Netherlands.
SO Journal of pediatrics, (1999 Oct) 135 (4) 470-6.
Journal code: 0375410. ISSN: 0022-3476.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199911
ED Entered STN: 20000111
Last Updated on STN: 20000111
Entered Medline: 19991104

=> d 6 abs

L8 ANSWER 6 OF 29 MEDLINE on STN
AB INTRODUCTION: Elevated blood pressure (BP) is an important predictor of morbidity and mortality from cardiovascular disease. Patients with Turner syndrome (TS) have a higher morbidity and mortality in middle age than the normal population. As BP in childhood or early adulthood is predictive of BP later in adult life, we assessed manual and 24 h ambulatory BP in patients with TS to determine whether the BP pattern is altered at an

early stage in these patients who are known to be at risk of cardiovascular disease. PATIENTS AND METHODS: We studied manual and 24 h ambulatory BP profiles in 75 girls with Turner syndrome, age range 5.4-22.4 years. A monitor with an oscillometric device (SpaceLabs model 90207) and an appropriate sized cuff was used. BP was measured during the day-time (0800-2000 h) and the night-time periods (2200-0800 h). The BP measured were compared with population standards. The effect of different growth promoting agents on BP was also evaluated. RESULTS: Mean manual and 24 h ambulatory BP measurements were 118/77 mmHg (range 95/60-140/102) and 115/70 mmHg (range 93/57-154/99), respectively. There was minimal difference between the two methods with a positive bias of 2.4 mmHg for diastolic BP and a negative bias of 2.1 mmHg for systolic BP. The mean standard deviation scores (SDS) corresponding to the mean BP recordings were 24 h systolic + 0. 81 (range - 1.26 to + 4.45), 24 h diastolic + 0.43 (range - 0.85 to + 3.42), day-time systolic + 1.08 (range - 0.95 to + 4.72), day-time diastolic + 0.70 (range - 0.94 to + 3.71), night-time systolic + 0. 22 (range -2.2 to + 3.64) and night-time diastolic - 0.18 (range -2. 0 to + 2.43). The SDS for both the mean 24 h and day-time systolic and diastolic BP were shifted to the right of the normal distribution. 57% of the girls had less than the normal 10% reduction in nocturnal systolic blood pressure. 17% had diastolic and 21% had systolic blood pressure above the 95th percentile for age and sex. There was no significant difference in the BP SDS between girls on no treatment and those receiving treatment. CONCLUSION: Over 50% of girls with Turner syndrome have an abnormal BP circadian rhythm, which is similar to adult patients with secondary hypertension. Patients with Turner syndrome have higher blood pressure measurements compared to published population standards, as evidenced by the shift to the right of both the systolic and diastolic BP SDS. These findings suggest that girls with Turner syndrome should be carefully monitored in childhood and adulthood for blood pressure and other cardiovascular risk factors.

=> d 3 abs

L8 ANSWER 3 OF 29 MEDLINE on STN

AB OBJECTIVE: Increased prevalence of hypertension and cardiovascular mortality have been reported in hypopituitary patients who had been appropriately replaced with conventional pituitary hormones except GH. Growth hormone replacement (GHR) results in improvement of surrogate markers of cardiovascular function. Data on effects of GHR on blood pressure (BP) in adult growth hormone deficiency (AGHD), however, remain contradictory. There are as yet no reports on BP circadian rhythms in untreated or treated AGHD. Therefore, in a 12-month follow-up study, we evaluated the effects of GHR on ambulatory blood pressure (ABP) in AGHD patients. STUDY DESIGN: A prospective, open treatment design study to determine the effects of GHR on ABP and heart rate in AGHD patients. GH was commenced at a daily dose of 0.5 IU, and titrated up by increments of 0.25 IU at 4-weekly intervals to achieve and maintain IGF-I standard deviation score (IGF-I SD) between the median and upper end of the age-related reference range. PATIENTS: Twenty-two, post-pituitary surgery, severe AGHD patients (11 men), defined as peak GH response < 9 mU/l to provocative testing were recruited. The mean age +/- SEM was 48.8 +/- 2.5 years. Twenty-one patients required additional pituitary replacement hormones following pituitary surgery and were on optimal doses at recruitment. MEASUREMENTS: Twenty-four-hour ABP and heart rate (HR), body mass index (BMI), waist hip ratio (WHR) and total body water (TBW) were measured before and after 12 months on GHR. Cosinor analysis was used to analyse BP and HR circadian rhythm parameter estimates. RESULTS: Target IGF-I SD was achieved within 3 months of commencement of GHR in all patients (-3.5 +/- 0.4 at baseline vs. 0.8 +/- 0.2 at 3 months, P < 0.001) and remained within range at 12 months (1.1 +/- 0.2, P < 0.001 compared to baseline). A significant increase in TBW (45.8 +/- 1.2 vs. 47.8 +/- 1.5 kg, P < 0.05) but no significant change in BMI (30.7 +/- 2.2 vs. 31.8 +/- 2.7, P = NS) or WHR (0.95 +/- 0.02 vs. 0.93 +/- 0.02, P = NS) was observed after 12 months on GHR. The 24-h mean systolic ABP (SBP; 126.2 +/- 2.8 vs. 120.1 +/- 2.7 mmHg, P < 0.001) and diastolic ABP (DBP; 78.2 +/- 1.6 vs. 71.4 +/- 1.8 mmHg, P < 0.001) significantly decreased following GHR with a parallel increase in 24-h mean HR (69.6 +/- 2.5 vs. 73.8 +/- 2.5 beats/min; P < 0.001). A significant nocturnal decrease in SBP and DBP was observed both before (SBP; daytime, 129.1 +/- 2.8 vs. night time, 115.9 +/- 3.0 mmHg, P < 0.001 and DBP; daytime, 80.7 +/- 1.6 vs. night time, 69.2 +/- 1.8 mmHg, P < 0.001) and following GHR (SBP; daytime, 122.8 +/- 2.6 vs. night time, 110.0 +/- 3.6 mmHg, P < 0.001 and DBP; daytime, 73.9 +/- 1.8 vs. night time, 62.0 +/- 2.3 mmHg, P < 0.001). Individual and population-mean cosinor analysis demonstrated significant circadian rhythms for SBP, DBP and HR before and after 12 months on GHR (P < 0.001), suggesting that SBP, DBP and HR circadian rhythms were not altered by GHR. There was, however, a significant reduction in SBP (124.2 +/- 2.8 vs. 118.4 +/- 2.8 mmHg, P < 0.001) and DBP (77.0 +/- 1.6 vs. 70.2 +/- 1.8 mmHg, P < 0.001) MESOR with an increase in HR MESOR (68.9 +/- 2.5 vs. 72.2 +/- 2.4 beats/min, P < 0.01) following GHR. CONCLUSIONS: Systolic and diastolic BP and HR circadian rhythms are preserved in AGHD following 12 months of GHR.

However, there is a significant decrease in 24-h mean SBP and DBP and
increase in 24-h mean HR after 12 months on GHR. We postulate that this
decrease in 24-h mean SBP and DBP may result in a reduction of
cardiovascular morbidity and mortality and may explain the beneficial
effects of GHR on cardiovascular system previously reported in AGHD
patients.

=> d 3

L8 ANSWER 3 OF 29 MEDLINE on STN
AN 2002229506 MEDLINE
DN PubMed ID: 11966735
TI Effects of GH replacement on 24-h ambulatory blood pressure and its
circadian rhythm in adult GH deficiency.
AU Ahmad Aftab M; Hopkins Marion T; Weston Philip J; Fraser William D; Vora
Jiten P
CS Department of Diabetes & Endocrinology, Royal Liverpool University
Hospital, Prescot Street, Liverpool L7 8XP, UK..
DRAAHMAD@Yahoo.com
SO Clinical endocrinology, (2002 Apr) 56 (4) 431-7.
Journal code: 0346653. ISSN: 0300-0664.
CY England: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200207
ED Entered STN: 20020423
Last Updated on STN: 20020713
Entered Medline: 20020711

=> d 1 abs

L8 ANSWER 1 OF 29 MEDLINE on STN
AB Low birth weight has been associated with impaired insulin sensitivity,
type 2 diabetes mellitus, hypertension and cardiovascular
disease in later life. GH therapy is known to increase fasting and
postprandial insulin levels. For this reason concern has been expressed
regarding the possible detrimental effects of GH therapy in children born
small for gestational age (SGA). To assess the effects of GH therapy on
body composition, carbohydrate metabolism and final height in short SGA
children, 165 prepubertal short children born SGA were enrolled in either
a multicentre, double-blind, randomized, dose-response GH trial (n = 75)
or in a GH controlled trial (n = 90). The inclusion criteria were: (1)
birth length standard deviation score (SDS) below -2; (2) age 3-8 years;
(3) height SDS below -2. The children's mean (SD) age was 7.3 (2.1) years
(GH dose-response trial) and 6.0 (1.5) years (GH controlled trial), birth
length SDS was -3.6 and height SDS was -3.0 (0.7). In the GH
dose-response trial, children were randomly assigned to either 1 mg
GH/m(2) per day (group A, n = 41) or 2 mg GH/m(2) per day (group B, n =
38) (approximately 0.033 or 0.067 mg/kg per day, respectively). In the
GH controlled trial, children were randomly assigned to 1 mg GH/m(2) per
day (n = 60) or served as controls (n = 30). Subjects underwent standard
oral glucose tolerance tests and measurement of body mass index,
systolic and diastolic blood pressure and serum lipids at baseline
and after 1 and 6 years of GH therapy and again 6 months after
discontinuation of GH. Body composition was measured by dual energy x-ray
absorptiometry at baseline and again after 3 years in the GH controlled
trial. Mean (SD) final height SDS was not significantly different between
the two GH dosage groups: -1.2 (0.7) in group A and -0.8 (0.7) in group B.
At the start of GH therapy, 8% of children had impaired glucose tolerance
(IGT). Systolic blood pressure was significantly higher in
comparison with healthy peers. GH therapy induced considerably higher
fasting and glucose-stimulated insulin levels after 1 and 6 years,
regardless of GH dosage. After 6 years, 4% of children had IGT. Six
months after discontinuation of GH, glucose levels remained normal,
whereas fasting and glucose-stimulated insulin returned to levels
comparable to those of healthy peers. None of the children developed
diabetes. During 6 years of GH therapy both systolic and
diastolic blood pressure decreased significantly and remained so after
discontinuation of GH therapy. At baseline all children had reduced bone
mineral content and lean body mass. Fat mass was not significantly lower
than normal. Treatment with 1 mg GH/m(2) per day resulted in a
significant increase in (and normalization of) bone mineral content and
lean body mass in comparison with untreated short SGA controls. Fat mass
decreased during the first year of GH but returned to values comparable to
those at baseline in the following 2 years of GH therapy. We found that
long-term, continuous GH therapy in short children born SGA leads to a
normalization of height during childhood and to a normal final height in
most children, regardless of GH dosage. Only very short or relatively
older children may need a dosage of 2 mg GH/m(2) per day. Long-term GH
therapy had no adverse effects on glucose levels and serum lipids and had
a positive effect on blood pressure, even with GH dosages of up to 2
mg/m(2) per day. However, as has been reported in other patient groups,
GH induced higher fasting and glucose-stimulated insulin levels,
indicating insulin resistance. After discontinuation of GH serum insulin
levels returned to normal age-reference levels. Short SGA children have a
reduction in bone mineral content and lean body mass when compared with
healthy controls, which significantly improved (normalized) with GH
therapy at a dose of 1 mg/m(2) per day.

=> d 1

L8 ANSWER 1 OF 29 MEDLINE on STN

AN 2003589268 IN-PROCESS
DN PubMed ID: 14671407
TI Final height data, body composition and glucose metabolism in growth hormone-treated short children born small for gestational age.
AU Hokken-Koelega A C S; van Pareren Y; Sas T; Arends N
CS Division of Endocrinology, Department of Pediatrics, Erasmus University
Medical Center, Sophia Children's Hospital, Rotterdam, The Netherlands..
a.hokken@erasmusmc.nl
SO Hormone research, (2003) 60 Suppl 3 113-4.
Journal code: 0366126. ISSN: 0301-0163.
CY Switzerland
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS IN-PROCESS; NONINDEXED; Priority Journals
ED Entered STN: 20031216
Last Updated on STN: 20040107